

# CALIFORNIA'S HEALTH

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STATE DEPARTMENT OF PUBLIC HEALTH  
ESTABLISHED APRIL 15, 1870

PUBLISHED SEMI-MONTHLY

SAN FRANCISCO 2, 760 MARKET STREET

ENTERED AS SECOND-CLASS MATTER JAN. 23, 1949, AT THE POST OFFICE AT SAN FRANCISCO, CALIFORNIA, UNDER THE ACT OF AUG. 24, 1912. ACCEPTANCE FOR MAILING AT THE SPECIAL RATE APPROVED FOR IN SECTION 1103, ACT OF OCT. 3, 1917

VOLUME 6, NUMBER 20

APRIL 30, 1949

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## The 1949 Western Branch Meeting

Western Branch, American Public Health Association, returns to California next month with the convening of its 1949 annual meeting on May 31st in the Biltmore Hotel, Los Angeles.

Preceding the three days of the sixteenth annual meeting will be a one-day Health Education Conference scheduled for May 29th at the California Teachers' Association Building, 612 S. Figueroa, Los Angeles.

Tentative programs for both meetings follow:

### WESTERN BRANCH

### AMERICAN PUBLIC HEALTH ASSOCIATION

1949 Annual Meeting  
Biltmore Hotel  
LOS ANGELES

MONDAY, MAY 30, 1949  
8.30 a.m.

#### Registration

Address by President George M. Uhl, M.D.

10.30 a.m.

Role of the Dental Association in Dental Health Education, Mr. James Robinson (Southern California Dental Association)

Recent Developments in the Use of Fluorine in Dentistry, Dr. Robert A. Downs (Colorado State Department of Public Health)

Discussion, Dr. Hugo M. Kulstad (California State Department of Public Health)

2 p.m.

#### Viral Diseases

DR. DAVID HOLADAY, California Department of Public Health, Moderator

#### Poliomyelitis—1948

Epidemiology, Dr. Robert Dyar (California State Department of Public Health)

Recent Developments in Poliomyelitis, Dr. Albert G. Bower (Los Angeles County General Hospital)

Post-Acute Poliomyelitis Management, Miss Edith Eyster (Los Angeles County Health Department)

#### Recess to Review Exhibits

DR. CHARLES M. CARPENTER, U. C. L. A.  
Moderator

Q Fever, Dr. Edwin H. Lennette (California State Department of Public Health)

Viral Diseases—1949, Dr. Harold Pearson (Los Angeles County General Hospital)

TUESDAY, MAY 31

9 a.m.

#### Medical Care

DR. WILLIAM P. SHEPARD, San Francisco  
Moderator

Panel Discussion Consisting of Representatives of:

Voluntary Medical Care Programs

Federal Health Agencies

County Medical Associations

State Medical Associations

American Medical Association

#### Recess

2 p.m.

#### Atmospheric Pollution

DR. F. T. JOHNSTONE, Moderator

Air Pollution and Problems, Dr. F. E. Blacet (U.C.L.A.)

Administration of an Air Pollution Program, Dr. Lewis McCabe (Los Angeles City Smog Control)

#### Recess

General Problems in Air Pollution

WEDNESDAY, JUNE 1

9 a.m.

#### New Trends and Developments in Public Health

DR. WELBY W. BIGELOW, Utah State  
Department of Public Health, Moderator

#### Laboratory

Evaluation of Prophylactic Treatment for Rabies in Man as Measured by Neutralization and Complement-Fixation Tests, Dr. Carl J. DeBoer (U.C.L.A.)

New Concepts in Laboratory Diagnostic Medicine, Dr. Seward Miller (USPHS)

Rapid Identification of Enteric Organisms by Use of Bacteriophage, Dr. A. S. Lazarus (University of Washington)

Sanitation, Mr. Homer N. Calver (P. H. Committee, Paper Cup & Container Inst.)

#### Recess

#### Public Health Nursing

Nursing for the Future, Dr. Esther L. Brown

Public Health Nursing—A Family Service, Miss Marion Sheahan (University of California)

#### Geriatrics

The Role of the Public Health Nurse in the Cancer Control Program, Dr. Walter Quisenberry (Territorial Department of Health, Honolulu)

2 p.m.

#### New Legislation in Health

DR. HAROLD ERICKSON, Oregon State Board of Health  
Moderator

Contribution of Animals to Public Health

Federal Health Legislation, Dr. Reginald M. Atwater (APHA)

#### Recess

*Training of Public Health Personnel, Dr. Edward McGavran  
(University of North Carolina)  
Regionalization of Health Services*

### PROGRAM HEALTH EDUCATION CONFERENCE

SUNDAY, MAY 29, 1949

California Teachers' Association Building  
612 S. Figueroa Street  
LOS ANGELES

9.30 a.m.

#### General Session

##### *Problems of In-Service Education*

Chairman: Ann Wilson Haynes, San Francisco  
Discussion Leader: Paul A. Sheats, Los Angeles  
Resource Consultants:

Constance Cavender, San Leandro; Roy O. Gilbert, M.D., Los Angeles; Elizabeth Kelley, Fresno; Mrs. Dalerie Lichtensteiger, San Francisco; Mary McQuillan, Los Angeles

1.30 p.m.

#### Group Discussions

##### 1. *Community Experiences as a Resource in School Health Education Programs*

Chairman: Levitte Mendel, San Jose, Calif.  
Discussion Leader: K. Elizabeth Anderson, Helena, Mont.  
Summarizer: L. Maurine Peterson, Boise, Idaho  
Resource Consultants:

Wilma Becknell, Santa Barbara; Cecyl Havelin, Los Angeles; R. Lynn Knight, M.D., Visalia; Charles L. Senn, Los Angeles; Mrs. I. H. Teilman, Selma.

##### 2. *The Role of the Health Educator in Special Community Health Programs*

Chairman: J. Albert Torribio, Los Angeles  
Discussion Leader: Mrs. Marjorie Brush, San Francisco  
Summarizer: To be announced  
Resource Consultants:

Carroll B. Andrews, M.D., San Francisco; Dwight M. Bissell, M.D., San Jose; Joseph G. Carling, Salt Lake City; Mrs. Joseph A. Blaney, San Francisco

##### 3. *Group Development Skills*

Chairman: To be announced.  
Discussion Leader: Robert Haas, Los Angeles  
Summarizer: Lucretia Ann Saunders, San Francisco  
Resource Consultants:

Mrs. Elizabeth Adler, Oakland, Calif.; Mrs. Rollin Brown, Los Angeles; Mrs. Naomi Hall, Salinas, Calif.; Evelyn Rahm, Denver, Colorado

##### 4. *Finding Base-lines for Community Health Education Programs*

Chairman: Norma Johannis, Denver, Colorado  
Discussion Leader: Margaret Leonard, San Francisco  
Summarizer: Mary Pollard, Santa Fe, New Mexico  
Resource Consultants:

Mrs. Marion Bryant, San Diego; Ethel Mealey, San Francisco; Mrs. Esther P. Huseman, Riverside

3.15 p.m.

#### General Session

##### *Summaries from Groups:*

Chairman: Mrs. Ann Wilson Haynes, San Francisco  
Discussion Leader: Robert Haas, Los Angeles.

### Sanitarian Examination Scheduled

An examination for those seeking to be registered as sanitarians will be held in Los Angeles and San Francisco on June 21, 1949.

Those interested in obtaining application forms or further information are requested to write at once to the Bureau of Sanitary Engineering, State Department of Public Health, 2180 Milvia Street, Berkeley, California.

### Western Hospital Association to Meet in San Francisco

The nineteenth annual convention of the Western Hospitals Association, will convene in San Francisco May 9th to 12th, with headquarters at the San Francisco Civic Auditorium. Over fifteen hundred persons are expected to attend.

Hospital people will gather from the nine western states, Alaska, British Columbia and Hawaii to participate in discussions on current trends in their field. Around the convention theme—"Better Hospitals for Better Health"—have been planned four general assemblies. Each assembly will present a different phase of the most up-to-date thinking on the direction of the modern hospital in today's world.

Opening assembly Monday, May 9th, will feature a session on current objectives in nursing programs, with particular attention being given the Brown report on the restructure of nursing education. Tuesday's meeting will devote itself to the problem of high hospital operating costs, with emphasis being placed on methods of controlling them.

Care of the newborn, and changing concepts of medical therapy in relationship to the high-quality service the modern hospital makes available to the community comes up for study Wednesday and Thursday respectively.

In addition to the general assemblies, which will feature a distinguished roster of hospital leaders as speakers and discussants, 16 lively section meetings have been scheduled for group discussion on progressive trends in operating the individual hospital departments.

Sections to hold their own meetings cover accountants and administrative assistants, administrative nurses, auxiliaries and volunteers, dieticians, executive housekeepers, institutional laundrymen, medical social workers, occupational therapists, personnel, pharmacists, physiotherapists, public hospitals and small hospitals, medical record librarians, and nurse anesthetists.

An outstanding feature of the convention will be a display of over 150 exhibits of hospital supplies and equipment, staged by 100 of the top firms of manufacturers and distributors of hospital equipment in the Country.

### Dr. Felix Heads Mental Institute

The U. S. Public Health Service has named Dr. Robert Felix to head its newly established National Institute of Mental Research.

The Institute, authorized by Congress three years ago, now replaces the U. S. P. H. S. Division of Mental Hygiene.

## Bills to Aid Education, School Health Reach Senate Floor

Bills calling for federal aid to education and federal grants for school health services were simultaneously reported to the Senate with strong bipartisan support last month.\*

### Aid to Education

The aid to education bill is similar to one considered by the Eightieth Congress. Under its terms, federal annual grants would vary from \$5 per child in the high-income states, to about \$29 per child in the lowest-income states. Within an individual state, the neediest school districts would have a prior claim to federal aid to help them achieve a minimum education program such as can be provided by an average annual current expenditure of not less than \$55 per pupil in average daily attendance.

The bill specifically prohibits any federal agency or officer from exercising any direction, supervision, or control over any school, educational agency, or institution with reference to expenditures under terms of the legislation.

Administration of the act on the federal level would be by the Office of Education. On the state level, the program would be administered either by the chief state school officer or a board of education controlling the State Department of Education.

Sponsors of S.B. 246 are Senators Thomas (D.-Utah), Hill (D.-Ala.), Murray (D.-Mont.), Neely (D.-W. Va.), Chavez (D.-N. M.), Pepper (D.-Fla.), Ellender (D.-La.), McGrath (D.-R. I.), Long (D.-La.), Taft (R.-Ohio), Tobey (R.-N. H.), Aiken (R.-Vt.), Smith (R.-N. J.), Ives (R.-N. Y.), and Morse (R.-Ore.).

### School Health Services

Health services provided under S.B. 1411 would include the prevention, diagnosis, and treatment of physical and mental defects and conditions, with special reference to the correction of defects and conditions likely to interfere with the normal growth, development, and educational progress of children.

Federal funds would be allocated to the states on the basis of a formula based on the factors of child population and relative per capita income. Under this formula, the low income states are allotted a larger amount per child than the high-income states.

The Federal Security Administrator would administer this act at the federal level while on the state level plans would be prepared jointly by the education

and public health agencies. Each state will be free to determine the division of responsibility between the two agencies. Also called for is the establishment of a state advisory committee to consult with the state unit or units administering the plan. This committee must include representatives of state agencies, nongovernmental organizations and the public at large.

S.B. 1411 is sponsored by the entire membership of the Senate Labor and Public Health Committee as well as by Senator Saltonstall (R.-Mass.) who sponsored a similar bill in the last Congress.

## Personnel Notes

*Dr. Sidney B. Clark*, Medical Officer in the Acute Communicable Disease Service, has resigned from the department and accepted a position in the Panama Canal Zone.

*Miss Mary Romer*, a commissioned nursing officer in the U. S. Public Health Service, has been assigned to the State Department of Public Health where she will assist in the Q fever program.

## Notice of State Board of Health Public Hearing

The California State Board of Public Health will hold a public hearing at 10 a.m., Tuesday, May 10, 1949, in Room 703, State Building, Los Angeles, on the amendment of Section 1255, Article 1, Subchapter 1, Chapter 3, Title 17, California Administrative Code, "Provisional Approval of Health Departments."

This amendment would make it possible for the State Director of Public Health to renew annually the provisional approval of local health departments of counties under 25,000 population which are served by part-time health officers. If this is not made, such provisional approval terminates on June 30, 1950.

Copies of the present and proposed regulations are available for inspection in the California State Department of Public Health, Los Angeles and San Francisco offices.

"Motherhood and childhood are entitled to special care and assistance. All children, whether born in or out of wedlock, shall enjoy the same social protection."  
—United Nations Universal Declaration of Human Rights.

\* From the Social Legislation Information Service, Bulletin No. 15, April 4, 1949.

*Senate Bill 246* provides \$300,000,000 a year for federal grants to the states for the purpose of equalizing public elementary and secondary school opportunities.

*Senate Bill 1411* provides \$35,000,000 a year for federal grants to assist the states in developing health services for all children of school age.



### N.P.C. Issues Booklet on Public Relations Committee

A new *How-to-do-it*, this one on the "Public Relations Committee—Why and How It Works," has been issued by the National Publicity Council.

The booklet written by David M. Church may be obtained for \$1 from the council at 130 E. 22d Street, New York City.

This first N.P.C. publication of an important administrative function of every health or welfare agency takes up a lot of questions on the why, what and how of a unit which Mr. Church calls "a bridge between the organization and the public."

Some of its chapters are: Don't Expect Miracles . . . Specifications for the Committee . . . What Makes the Committee Tick . . . Beware the Misfit . . . How Many People Make a Committee.

Some of the Highlights: "Sometimes there is a feeling on the part of the paid worker that the committee lessens his stature in his profession. Such an attitude is fatal. The committee should be a support to the paid worker and prove an aid that will add to his successes . . ." "The Public Relations Committee should establish and hold close relations with the volunteer workers, to see that they are happy, content and even proud of their association. It should look to the volun-

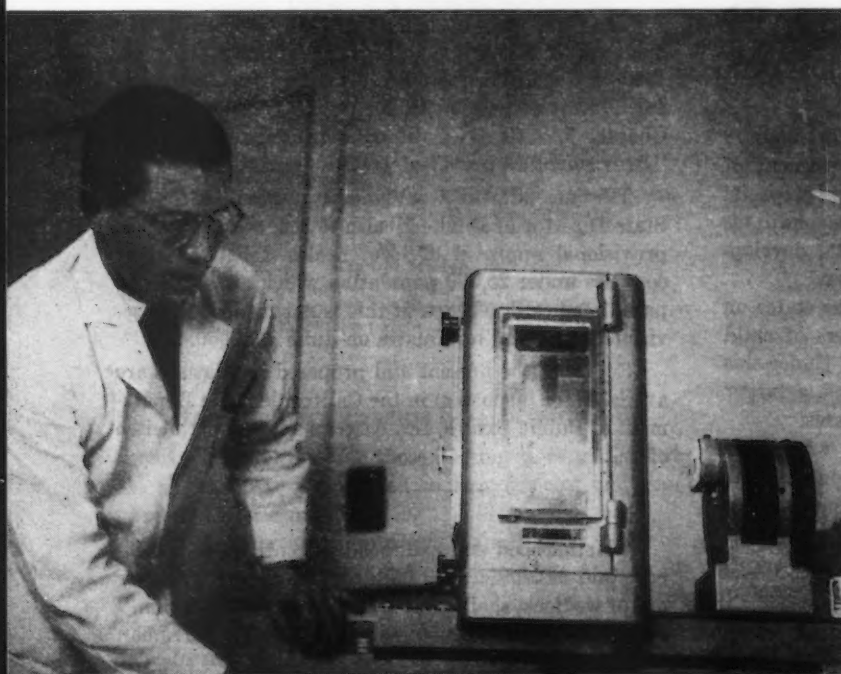
teers for reports on public attitudes toward the organization and for matters that may need to be corrected . . ." "A committee must be representative, but many a committee has broken down under the sheer weight of its membership. Too large a committee can easily turn into a debating society . . ." "Publicity for its own sake is a waste of effort . . ."

Chapter Eight, "It Has Been Done" contains seven examples of committees that succeeded or failed and why.

The final chapter gives you briefly a measuring rod for testing the effectiveness of your own Public Relations Committee.

The author is vice president in charge of public relations for the John Price Jones Corporation, one of the largest fund-raising firms in the country. He has had innumerable experiences in operating and working with public relations committees for fund-raising campaigns as well as for year-round public relations programs. Mr. Church, formerly public relations director of the National War Fund, and prior to that, of the U. S. O., is a member of the Board of Directors of the National Publicity Council, a member of the public relations committee of the National Social Welfare Assembly and a consultant on public relations to the Department of Public Interest of the New York Community Service Society.

## 75 ELEMENTS IN HALF HOUR



Assistant Industrial Hygiene Chemist Laurence L. Schmelzer demonstrates the Bureau of Adult Health's newest piece of equipment—a one-and-one-half meter grating spectrophotometer which can analyze material for the presence of one or more of 75 elements in half an hour.

The apparatus is used to detect small amounts of toxic chemicals and materials hazardous to health. It is located in the Bureau of Adult Health's Berkeley laboratory.

Photograph is by E. S. Albee, Bureau of Health Education.

## SUMMARY OF PREMARITAL EXAMINATION LAWS IN THE UNITED STATES

Twenty-nine states and the Territory of Hawaii have premarital examination laws comparable to California's and certificates from any of these areas are acceptable in this State as a prerequisite for the issuance of a marriage license.

The states are: Alabama, Colorado, Connecticut, Delaware, Florida, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Maine, Michigan, Nebraska, New Hampshire, New Jersey, New York (including New York City), North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Dakota, Tennessee, Utah, Vermont, West Virginia, Wyoming, and the Territory of Hawaii.

In addition, male applicants with certificates from the State of Wisconsin are eligible for marriage licenses in California, although certificates from Wisconsin issued to females cannot be accepted here.

Five other states have some type of premarital examination laws. They are not comparable to California's, however, and health certificates issued by them are unacceptable in this State. The five are: Massachusetts, Missouri, Montana, North Carolina, and Virginia.

All other states, territories and island possessions of the United States have no premarital examinations.

A summary of premarital examination legislation in other states follows:

SUMMARY OF STATE LEGISLATION REQUIRING PREMARITAL EXAMINATIONS FOR VENEREAL DISEASE—1948

State (and "waiting period" if any)	Accepts certificates from	Length of time certificate is valid	Physicians eligible to make examinations	Laboratories eligible to make test	Laboratory test required	Certificate acceptable in California?
Alabama...	Alabama only. (Form does not show "approval" of lab. but shows lab. must be approved.)	30 days	Physicians duly licensed in Alabama or in the state in which they reside	Within state: Lab. or State Board of Health or lab. approved by State Board. Out-of-state: State lab. or lab. approved by state	Approved lab. test...	Yes
Arizona...	No premarital examination law	-----	-----	-----	-----	No
Arkansas...	No premarital examination law	-----	-----	-----	-----	No
California...	California and other states having comparable laws	30 days	Any licensed physician	Within state: State lab. or lab. approved by State. Out-of-state: State lab. or lab. approved by State. U. S. P. H. S. and U. S. armed forces lab.	A combination of two approved precipitation tests, or, one precipitation and one complement fixation test approved by State.	-----
Colorado...	Out-of-state form acceptable provided statement is added that lab. is approved. (Colorado certificate includes "name of approved lab.")	30 days	Any licensed physician	Within state: State lab. or lab. approved by state. Out-of-state: State lab. or lab. approved by state.	Standard serologic test	Yes
Connecticut (five days)	Connecticut form only	40 days	Physician licensed to practice medicine or osteopathy in this or other state.	Within state: State or state approved lab. Out-of-state: Central state lab. only: U. S. P. H. S., Wash., D. C.; Army & Navy Medical College Labs., Washington, D. C.	Wassermann or Kahn or similar standard test approved by state.	Yes
Delaware*	Delaware and other states having comparable laws	30 days	Duly licensed physicians	Within state: State or state approved lab. Out-of-state: State lab. and branches: U. S. Army, Navy, U. S. Marine Hosp. Lab., U. S. P. H. S., Washington, D. C.; City of New York	Kolmer, Kahn, Kline, Hinton, Eagle and Mazzini.	Yes

\* Ninety-six hours must elapse between the issuance of the license and the performance of the marriage ceremony for nonresidents.

## SUMMARY OF STATE LEGISLATION REQUIRING PREMARITAL EXAMINATIONS FOR VENEREAL DISEASE—1948—Continued

State (and "waiting period" if any)	Accepts certificates from	Length of time certificate is valid	Physicians eligible to make examinations	Laboratories eligible to make test	Laboratory test required	Certifi- cate accept- able in Calif- ornia?
Florida.....	Florida form only (Form includes name etc. of lab. "approved by Florida State Board of Health")	30 days ..	Duly licensed physi- cian	Within state: Lab. ap- proved by State Board of Health. Out-of-state: Lab. approved by state health department of that state	Standard serologic test approved by Florida State Board of Health	Yes
Georgia.....	No premarital examina- tion law	-----	-----	-----	-----	No
Idaho.....	California form accept- able. ("Authorized to accept out - of - state forms")	30 days ..	Licensed physician ..	Within state: State lab. or state approved lab. out-of-state: State lab. (or branches), Armed services and U.S.P.H.S.	Standard serologic test. (Official- Kahn)	Yes
Illinois..... (1 day after physi- cian's examina- tion)	Illinois. (Obtained from any county clerk in Illinois)	15 days ..	Any licensed physi- cian	Within state: State or state approved. Out-of- state: State or branches, Armed forces, U. S. P. H. S.	Approved serologic test. Microscopic examination for Ge. (Freedom from VD)	Yes
Indiana.....	Indiana form and lab. form. (Certificate shows "name and address of approved lab.")	30 days..	Any licensed physi- cian, M. D. or D. O.	Within state: State or state approved. Out-of- state: State lab. or branches, Armed forces and U. S. P. H. S., Wash., D. C.	Standard approved test	Yes
Iowa.....	Out-of-state form accept- able or statement from physician in states without premarital ex- amination require- ments	20 days ..	Duly licensed physi- cian	Within state: State or state approved. Out-of- state: State lab. or state approved lab.	Standard (approved) test	Yes
Kansas.....	Certificate acceptable from any state with "comparable law." California acceptable. Add statement "not feeble minded."	20 days ..	Legally qualified physician	Within state: State and state approved. Out-of- state: State or state approved, Armed serv- ices. U. S. P. H. S.	Standard serologic test	Yes
Kentucky .. (3 day waiting period in effect be- ginning January 1, 1950)	Kentucky form only. (Physical examination must be done in Ken- tucky)	15 days ..	Physician licensed to practice in Ken- tucky	Within state: State or state approved lab. Out-of-state: State lab.	Kahn or some other approved test.	Yes
Louisiana ..	No premarital examina- tion law	-----	-----	-----	-----	No
Maine.....	Maine form. (Special form for Out-of-state examinations)	30 days ..	Licensed physician. Graduate of Class A medical school.	Within state: State or state approved. Out-of- state: State lab.	Standard blood test..	Yes
Maryland ..	No premarital examina- tion law	-----	-----	-----	-----	No.

## SUMMARY OF STATE LEGISLATION REQUIRING PREMARITAL EXAMINATIONS FOR VENEREAL DISEASE—1948—Continued

State (and "waiting period" if any)	Accepts certificates from	Length of time certificate is valid	Physicians eligible to make examinations	Laboratories eligible to make test	Laboratory test required	Certificate acceptable in California?
Massachusetts	Massachusetts form only	30 days	Licensed physician in any state	Within state: State or state approved lab. Out-of-state: State lab. or lab. approved by U. S. P. H. S.	Standard test	No. Certification of examination and test only. Issuance of license not affected.
Michigan	Michigan form only (form shows "only approved labs." shall make tests)	30 days	Physician	Within state: State or state approved lab. California: State, L. A. City and S. F. City	Approved serologic test. Examination for "freedom from venereal disease"	Yes
Minnesota	No premarital examination law					No
Mississippi	No premarital examination law					No
Missouri (three days)	Missouri	15 days	Duly licensed in Missouri	Within state: State or other public health lab. California: State, state approved or U. S. P. H. S. approved	Negative lab. test	No. Form not comparable. Only "Positive test" requires examination and result shows on certificate
Montana	Montana or form of state having comparable law	20 days	Licensed physician in any state or territory	Within state: State or state approved lab. Out-of-state: State or official branch or any federal government lab. Labs. approved by State Health Department not acceptable	Standard serologic test	No. Both parties must be informed. Syphilis (in any stage) not contraindication to issuance of license.
Nebraska	Nebraska only	30 days	Licensed physician	Within state: State or state approved lab. Out-of-state: State or official branches; Armed forces; U. S. P. H. S.; New York City; Washington, D. C.	Standard approved serologic test	Yes

(To be continued in next issue)



### 350 Persons Examined in San Mateo Nutrition Study

Over 350 persons 50 years of age or older have now been examined in the San Mateo study of nutrition in relation to aging: (*California's Health*, October 15, 1948).

Each of the volunteer subjects examined has received a complete medical and physical examination including chest X-ray, urinalysis and blood tests.

A comprehensive dietary history and three-day food record are also taken.

Approximately one-half of those being studied are referred to private physicians for treatment of conditions discovered during the examination. The most common causes of referral are obesity and hypertension.

The nutrition project is sponsored by the U. S. Department of Agriculture, the U. S. Public Health Service and the University of California in cooperation with the San Mateo County Department of Health and Welfare and the State Department of Public Health. Purpose of the study is to assess the nutritional status of older aged persons and to delineate the relationship between nutrition and the incidence of chronic disease. It is also studying differences in nutritional status between persons living in institutions and those living outside as well as between those who are welfare clients and those of independent means.

### "Candy Teaching Kit" Not Acceptable for Classroom Use

The use of the 1948 candy teaching kit of the National Confectioners Association "would be harmful rather than helpful in developing good food habits in children," according to a report made by the Federal Interagency Nutrition Planning Committee.

The teaching kit reviewed by the committee was found to present many ideas "misleading by inference or emphasis or because they were factually questionable." The committee members also seriously objected to the promotion in the kit of both the idea that fatigue can best be alleviated by eating candy and the idea that candy is a suitable between meal food for children.

The Committee on Interagency Nutrition Planning is composed of representatives of the following agencies, each of which has activities related to some educational aspects of nutrition: Children's Bureau; Office of Education; U. S. Public Health Service; U. S. Department of Agriculture Extension Service, Farmers Home Administration, Bureau of Human Nutrition and Home Economics, Nutrition Programs Office of the Production and Marketing Association; and the American National Red Cross.

### New Plumas Health Officer

Dr. Paul A. Lum is the new health officer of Plumas County, replacing Dr. Donald J. Bleiberg.

### California Morbidity Report—March, 1949

#### Civilian Cases

Reportable diseases	Week ending					Total cases	5-yr. med-ian	Total cases
	3/5	3/12	3/19	3/26	4/2	Mar.	1944-1948 Mar.	Jan.-Mar. inc.
Amebiasis (amoebic dysentery).....	5	5	6	3	7	26		91
Anthrax.....								
Botulism.....								
Chancroid.....		8	4	41	14	76		181
Chickenpox (varicella).....	2,082	2,066	1,973	2,134	1,881	10,136	6,739	20,594
Cholera, Asiatic.....								
Coccidioid granuloma.....	5		1	3		9		18
Conjunctivitis—acute infections of the newborn (ophthalmia neonatorum).....	1	1				2		2
Dengue.....								
Diarrhea of the newborn.....	9	12	9	14	11	52		137
Dysentery.....	7	8	2	3	4	24		75
Encephalitis, bacillary.....			1		4	5	4	12
Epilepsy.....	41	47	56	58	77	279		606
Food poisoning.....	5	1	92	1	17	116		143
German measles (rubella).....	1,027	1,216	1,206	1,290	1,358	6,097		8,614
Glanders.....								
Gonococcus infection.....	315	440	374	426	612	2,667	2,421	6,518
Granuloma inguinale.....				1		1		9
Influenza, epidemic.....	67	86	27	33	16	229	428	498
Jaundice, infectious.....	30	11		26	18	85		183
Leprosy.....	1					1		3
Lymphogranuloma venereum (lymphopha venereum, lymphogranuloma inguinale).....	5	4	2	10	7	28		66
Malaria.....	2			1	1	4	8	9
Measles (rubeola).....	2,427	2,383	2,390	2,118	2,535	11,753	10,777	20,226
Meningitis, meningococcal.....	16	4	4	4	7	35	55	105
Mumps (parotitis).....	1,361	1,246	1,551	1,325	1,455	6,938	4,191	14,890
Paratyphoid fever, A, B & C.....	1	2		5		6		19
Plague.....								
Pneumonia, infectious.....	55	41	50	24	35	205	301	529
Polio-myelitis, acute anterior.....	11	13	12	10	11	57	24	331
Psittacosis.....								1
Rabies, human.....								
Rabies, animal.....	3	4	4	7	6	24	40	66
Relapsing fever.....								
Rheumatic fever.....	49	16	11	16	15	107		168
Rocky Mountain spotted fever.....								
Scarlet fever.....	84	138	103	109	79	513	840	1,388
Streptococcal sore throat.....	17	15	13	23	12	80		213
Smallpox (varicella).....	218	339	383	325	431	1,696	1,956	4,303
Tetanus.....	2	1		1	2	6		7
Trachoma.....								3
Trichinosis.....	1					1		3
Tuberculosis, pulmonary.....	121	253	175	206	132	887	691	2,105
Tuberculosis, other forms.....	10	11	4	6	7	38	47	98
Tularemia.....								
Typhoid fever.....	2	3	1		2	8	10	28
Typhus fever.....								
Undulant fever (brucellosis).....	4	1	2	1	2	10	19	19
Whooping cough.....								
pertussis.....	54	67	54	48	51	274	597	769
Yellow fever.....								
Spirochetal jaundice.....								
Totals.....						42,485		82,388

Printed in California State Printing Office

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